

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11679**

Registration District No. **547**

Primary Registration District No. **3079**

Registrar's No. **114**

1. PLACE OF DEATH:

(a) County **Marion**  
(b) City or town **Hannibal**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Elizabeth Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 da** (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **Christina Edwood**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Henry Edwood** 6. (c) Age of husband or wife if alive **45** years  
7. Birth date of deceased **9 26 1904**  
(Month) (Day) (Year)

8. AGE: Years **35** Months **5** Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Marion Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Christian Schliermacher**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Yunkar**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ellie Woolge**

(b) Address **Philadelphia Mo.**

17. (a) **Burial** (b) Date thereof **3-20-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Anthony Cemetery**

18. (a) Signature of funeral director **B. M. Allen**

(b) Address **Philadelphia, Missouri**

19. (a) **3-29-40** (b) **W. C. Fisher**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**  
(c) City or town **Rural - Philadelphia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **D** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3-18** day \_\_\_\_\_  
year **1940** hour **6** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **March 18, 1940** to **3-18-40**, 19 **40**  
that I last saw her alive on **3-18-40**, 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Childbirth**

Due to **acute myocardial failure**

Due to **prolonged labor**

Other conditions **obesity**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **14413**

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Yes**

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Months of injury \_\_\_\_\_

23. Signature **W. C. Fisher** (M. D. or other) \_\_\_\_\_

Address **1801 Bluff Mountain** Date signed **3/24/40**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**